RECOMMENDATIONS PROVIDED TO THE INTERIM HUMAN SERVICES COMMITTEE

This memorandum provides information regarding the recommendations provided to the Legislative Management's interim Human Services Committee during its meetings on November 3, 2015, and January 5-6, 2016.

FAMILY CAREGIVER SUPPORTS AND SERVICES STUDY

The following schedule summarizes recommendations provided to the committee at its November 3, 2015, meeting relating to the study of family caregiver supports and services.

Organization/Individual	Description of Recommendations
Ms. Sheryl Pfliger, Director, Aging Services Division, Department of Human Services	Relating to aging and disability resource center services: • Improve communications for services available; • Ensure sufficient funding for the services; and • Provide the right services to the right people at the right time.
Ms. Jeanna Kujava, Public Health Director, Pembina County Public Health	Relating to the system of caregiving: • Create policy initiatives that allow individuals to care for an aging parent without leaving the workforce; • Create system changes within the health care and health and human services systems to promote coordination and focus in transition homes; and • Support an environment that allows for creativity to meet the demands for caregiving.
Mr. John Vastag, Chief Executive Officer, North Dakota Interagency Program for Assistive Technology	Relating to the study for family caregiver supports and services: • Review the benefits of assistive technology for family caregiver supports and services.

The following schedule summarizes recommendations provided to the committee at its January 5-6, 2016, meeting relating to the study of family caregiver supports and services.

Organization/Individual	Description of Recommendations
Mr. Josh Askvig, Advocacy Director, AARP North Dakota	Relating to family support and health care discharge planning: • Allow a patient or legal guardian the ability to designate a caregiver when being admitted to the hospital; • Provide for a hospital to notify a family caregiver if a patient is being discharged or transferred to a different facility; and • Create a framework for a family caregiver to receive instructions for tasks the family caregiver will perform once a patient is discharged from the hospital.
Ms. Barbara Handy-Marchello, family caregiver	Relating to family support and health care discharge planning: • Provide assistance that will help a family or caregiver manage patient care and promote communication between medical professionals and caregivers.

BEHAVIORAL HEALTH NEEDS STUDY

The following schedule summarizes recommendations provided to the committee at its November 3, 2015, meeting relating to the study of behavioral health needs.

Organization/Individual	Description of Recommendations
Ms. Pamela Sagness, Director, Behavioral Health Services Division, Department of Human Services	Relating to public and private services available in the state: • Authorize the North Dakota Board of Addiction Counseling Examiners, or a related board, to include assessments of persons for use or abuse of gambling as part of a licensee's scope of practice; and • Consider workforce challenges, data gaps, limited advocacy and protection for substance use disorder populations, community-based options, and collaboration with 24-7 programs and community-based corrections as part of the study of behavioral health needs.
Mr. John Wiegland, President, North Dakota Addiction Counselors Association	Relating to unmet needs of substance abuse services from the consumer and family perspective: • Provide loan forgiveness or stipends for counselors and students training to become addiction counselors; • Provide incentives for clinical supervisors training new trainees; • Create a media campaign for recruiting addiction counselors as a career choice; • Develop inpatient adolescent treatment programs in local facilities or the State Hospital; • Mandate insurance companies to offer coverage for treatment services that are covered in neighboring states; • Adopt the National Association for Alcoholism and Drug Abuse Counselors uniform licensing recommendations for all 50 states; • Mandate a standard minor in possession education course similar to the Prime for Life Driving Under the Influence program; • Mandate insurance companies to cover codependency and family treatment services provided by licensed addiction counselors; • Provide funding to each of the major cities for operating their own detoxification centers; • Create or fund halfway houses for individuals diverted from the prison or probation system; • Divert individuals that are incarcerated because of an addiction into a long-term treatment program; • Increase halfway houses and probation staff; • Expand the use of electronic monitoring for individuals to reduce overcrowding in prison facilities; • Provide financial assistance for individuals participating in long-term aftercare at existing facilities; and • Expand use of "drug courts" in major cities in the state.
Mr. Mike Kaspari, Chairman, North Dakota Addiction Treatment Provider's Coalition	Relating to unmet needs of substance abuse services from the consumer and family perspective: • Expand the workforce; • Ensure ease of access for the voucher program that will become available in 2016; • Provide a loan forgiveness program for new clinicians working in the state, including underserved areas of the state or areas of the state not currently being served; • Enhance reimbursements for certain services and levels of care; • Create incentives and provide statewide efforts to educate physicians about medication-assisted treatment;

Organization/Individual	Description of Recommendations
	• Standardize and provide reimbursements for services provided by telemedicine; and • Support treatment providers that are willing to train new addiction counselors through the consortium system.
Ms. Deborah Davis, Chairman, North Dakota Board of Addiction Counselor Examiners	Relating to unmet needs of substance abuse services from the consumer and family perspective: • Provide financial incentives for licensed addiction counselors, including loan repayments or forgiveness; • Provide funding for specialized training of adolescent and young adult substance abuse and mental health professionals; • Provide funding to establish and maintain adolescent treatment programs around the state; • Provide funding and assistance with transportation and other costs to allow family members to participate in programs not in their area; • Provide funding for establishing and maintaining halfway houses in each region of the state that can provide onsite support and structure for individuals, which includes additional funding for case managers and onsite house managers; • Support individuals transitioning from treatment facilities back into the community; and • Add more transitional and residential facilities.
Dr. Lisa Peterson, Clinical Director, Department of Corrections and Rehabilitation (DOCR)	Relating to the reduction of criminalization of individuals with substance use disorders: • Avoid lengthy incarceration of lifetime consequences for felony offense first-time, low-level, and nonviolent drug offenders or those with nonviolent offenses influenced by drug use by completing treatment and displaying prosocial behaviors; • Allow prosecution deferred upon condition of successful completion of treatment and a period of crime-free conduct for first-time drug offenders; • Allow offenders with low-level drug crimes or nonviolent crimes due to substance abuse have their convictions reduced to a misdemeanor or removed from their record upon successful completion of treatment and a period of successful probation; and • Allow DOCR flexibility to release certain offenders convicted of drug crimes to probation upon successful completion of DOCR treatment, similar to the authority DOCR has with felony DUI offenders. Relating to improving access to services: • Address significant gaps in detoxification and intoxication management to reduce placements in jail for detox; • Add more pretrial services that provide timely evaluations that consider criminogenic risk factors and behavioral health needs to assist the judicial system in determining alternatives to felony convictions and incarceration; • Offer evaluation and treatment more consistently to people serving jail sentences. Currently, offenders can be in jail for up to 1 year and receive no addiction services in most areas of the state; and • Improve the reciprocity process for licensed addiction counselors, add funding for internship hours, and engage other master's- and doctoral-level practitioners with specific experience in the diagnosis and treatment of substance use disorders in service provision. Relating to ensuring the state invests in effective programs that produce desired outcomes: • Determine whether programs are effective in achieving desired outcomes and prioritize funding for the programs that are working; and • Include aftercare programs for outpatients as part of the comprehensive treatment plan.

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Ms. Siobhan Deppa, consumer of behavioral services	Add funding to provide one-on-one peer support programs.
Mr. Kurt Snyder, Executive Director, Heartview Foundation	Relating to the addiction counselor workforce shortage: • Support professional development of workers; • Add loan forgiveness incentives; • Reform the licensure process; • Expand training opportunities; • Partner with colleges and universities to align curriculum with tribal and national efforts, which includes tribal addiction workers, peer support specialists, and behavioral health technicians; • Review reciprocity requirements and create "portability" contracts with surrounding states; • Review the current level of training hour requirements prior to licensure and allow for training to occur while an individual is employed; and • Create dual licensure with other professions with agreements from other behavioral health related boards. Relating to addiction counselor workforce shortage and treatment provider services: • Provide incentives for training spots offered by agencies; • Provide incentives for providers to add services where gaps exist; • Add reimbursement requirements by third-party payers for telehealth, which currently exists for physicians; • Add incentives for physicians to work with treatment providers to expand medication-assisted treatments; and • Increase reimbursements in areas with the greatest needs.
Ms. Pat McKone, Regional Senior Director, American Lung Association of the Upper Midwest	Add tobacco and nicotine to the addiction counseling services definition in North Dakota Century Code Section 43-45-01.

The following schedule summarizes recommendations provided to the committee at is January 5-6, 2016, meeting relating to the study of behavioral health needs.

Organization/Individual	Description of Recommendations
Ms. Pamela Sagness, Director, Behavioral Health Services Division, Department of Human Services	Relating to children's behavioral health issues: • Create a directory of behavioral health providers and specialties; • Support the full continuum of behavioral health services for youth; and • Provide for coordination and communication between behavioral health services and primary care.
Ms. Kelly Olson, Division Director of Behavioral Health and Family Services, The Village Family Service Center	Relating to early childhood screening, assessment, and treatment: • Require providers to use the same screening tools to ensure accuracy of results, increase ease of communication between provider agencies, and to promote the ability to measure change and a child's progress; • Address the lack of providers with specialized training in mental health issues for youth; • Provide a system of reimbursement for the extensive and comprehensive assessments;

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	• Address the issue of a lack of providers in the state that receive specialized training or have knowledge with children from birth to age 5; • Address the issue of a lack of specialized training provided throughout the state in evidence-based models of therapy, including training specifically developed for children ages 0 to 5 years old that are experiencing mental health concerns; and • Allow child care providers to be trained to provide early childhood screenings.
Ms. Linda Reinicke, Program Director, Eastern Region, Child Care Aware of North Dakota	Relating to special needs and child care behavioral health issues: • Increase funding for child care inclusion services; • Include the use of child care facilities to provide mental health screenings for early identification and treatment of mental health issues; • Require child care providers to be included in the development of individualized education plans (IEP) to help address challenging behaviors; and • Adjust child care assistance rates for providers that care for a child with special needs.
Ms. Valerie L. Bakken, Special Education Regional Coordinator and Special Education Preschool Coordinator, Department of Public Instruction	Relating to school-based behavioral health services: • Support families with a child that has a challenging behavior to ensure the continuity of supports between the child's school and home; • Improve collaboration among other special education professionals, social service offices, and local agencies; and • Provide teachers with more professional resources to work with behaviorally challenging students in their classroom.
Ms. Missi Baranko, Inclusion Specialist, Western Region, Child Care Aware of North Dakota	Relating to early childhood behavioral health challenge: • Address the lack of collaboration among supports and providers, including preschool special education and child care.
Dr. Jason Hornbacher, Principal, Dorothy Moses Elementary School, Bismarck	Relating to behavioral health challenges involving elementary school students: • Support efforts to reduce toxic stress; • Build executive function and self-regulation; • Create active skill building, including coaching and training; and • Develop human capital to improve outcomes.
Mr. Russ Riehl, Principal, Simile Middle School, Bismarck	Relating to behavioral health challenges of secondary school students: • Improve access to mental health experts in schools for both the students and staff; • Improve behavioral health-related discussions in schools; and • Provide more programs for students with behavioral health issues, including appropriate staffing levels for the programs.
Mr. Jeff Herman, Chief Executive Officer, Prairie St. John's, Fargo	Relating to the roles and challenges of inpatient treatment services for adolescents: • Establish a plan for supporting and training nursing staff by providing incentives to work in the behavioral health field; • Maximize the use of federal funds that are available for behavioral health services, including the federal Medicaid Emergency Psychiatric Demonstration program; and • Support education and training programs that address trauma-focused care and treatment that includes all disciplines and placement settings.

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Mr. Darren Albrecht, Principal, Grafton High School, Grafton	Relating to challenges for special education for children with behavioral health issues: • Address the need in schools for mental health assistance that includes a long-term teaching approach for students and families.
Mr. Carl Young, Mental Health Advocate, Garrison	Relating to the study of behavioral health needs: • Support a continuum of care for mental health-related services that would be similar to those of the state's developmental disability system.

OTHER COMMITTEE RESPONSIBILITIES

The following schedule summarizes recommendations provided to the committee at its November 3, 2015, meeting relating to other committee reports for developmental disabilities waivers and the developmental disabilities system reimbursement project.

Organization/Individual	Description of Recommendations
Ms. Roxane Romanick, Executive Director, Designer Genes	Change the Department of Human Services definition of "related conditions" when determining eligibility of developmental disabilities services to allow individuals with a diagnosis of Down Syndrome to be automatically eligible for developmental disabilities services without additional cognitive and functional testing after age 3.
Mr. Jeff Pederson, President, CHI Friendship	Relating to the proposed new system for the developmental disability reimbursement project: • Differentiate a payment rate for community- and facility-based vocational services.
Developmental Disabilities Provider Association	Relating to the proposed new system for the developmental disability reimbursement project: • Include incentives in the system to build facilities to meet the specialized needs of individuals continuing to reside there; • Add all staffing costs in the payment system, including night staff; • Add a 1- to 2-year transition period with blended funding; • Provide that the rates be individualized by the use of a "multiplier"; • Review how outliers will be managed in the new system; and • Consider use of North Dakota Association of Community Providers Business Manager draft statement of costs.